

Case No. **LU** - _____ Accepted By: _____ Date: _____

Application Fee: _____ ☐ Paid Check # _____ Receipt # _____

Baldwin County ***Land Use Certificate Application***

Main Office (Mailing)
22251 Palmer Street
Robertsdale, AL 36567
Phone: (251) 580-1655
Fax: (251) 580-1656

Main Office (Physical)
22070 Highway 59
Robertsdale, AL 36567
Phone: (251) 580-1655
Fax: (251) 580-1656

Foley Office
201 East Section Avenue
Foley, AL 36535
Phone: (251) 972-8523
Fax: (251) 972-8520

**AN APPROVED LAND USE CERTIFICATE DOES NOT CONSTITUTE APPROVAL
FOR A BUILDING PERMIT**

Applicant

Are you the property owner? ☐ YES ☐ NO

(If you are not the property owner you must submit Owner Authorization Form signed by the property owner)

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip code _____ - _____

Telephone: (____) ____ - ____ Fax: (____) ____ - ____ e-mail: _____

Site Information

Parcel ID Number: 05-____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Physical Address (E-911): _____

Subdivision/Lot/Unit No: _____

Lot Size (acres or square feet): _____ Lot Dimensions: _____ X _____

Are there existing structures on the property? ☐ YES ☐ NO

If yes, please describe: _____

Water and Sewer Information

(Check Appropriate Box)

☐ Septic Tank System

☐ Well

☐ Sewer System

☐ Water System

Name of System: _____ Name of System: _____

(Over, Please Continue to Reverse Side)

Project Description

Use: (Check One)

- ☐ Single Family ☐ Two-Family ☐ Multi-Family ☐ Commercial
- ☐ Industrial ☐ Alterations/Repairs ☐ Piers/Boathouse ☐ Accessory Structure
- ☐ Other (specify) _____

Description of work and the proposed use: _____

This certificate is valid for a six (6) month period after date of issuance. I hereby certify that the information stated on and submitted with this application is true and correct. I also understand that the submittal of incorrect information will result in the revocation of this permit and any work performed will be at the risk of the applicant. I understand further that any changes which vary from the approved plans will result in the requirement of a new Land Use Certificate.

Applicant Signature: _____ Date: _____

Erosion Control Plan Submitted: ☐ YES ☐ NO

Proposed Installation Date: _____ License No. : _____

Comments: _____

Preparer Signature: _____ Date: _____

After application has been reviewed:

- ☐ I will pick up the approved application after I have been contacted.
- ☐ I would like the approved application to be forward to the appropriate Building Inspection office.

Office Use Only

Zoning Classification: _____ Planning District: _____ Flood Zone: _____

- ☐ Culvert Permit ☐ Sewer Release ☐ Water Release ☐ Site Plan ☐ Construction Plans ☐ Agent Authorization
- ☐ State Lands Permit Confirmation # _____ ☐ U.S. Army Corp. Permit ☐ U.S. Fish & Wildlife Permit

Potential Wetlands ☐ YES ☐ NO ARB ☐ YES ☐ NO Study Area: _____ FLU District: _____

Decision: ☐ APPROVED ☐ DENIED

Comments: _____

Zoning Administrator (or designee) Signature: _____ Date: _____